

1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (<i>Case Name</i>)	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (<i>See Instructions</i>)

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.***REQUEST AND AUTHORIZATION FOR EXPERT SERVICES****12. ATTORNEY'S STATEMENT**

As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

- ☐ Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR
☐ Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (*Note: Prior authorization should be obtained for services in excess of \$800, excluding expenses*)

Signature of Attorney _____

Date _____

☐ Panel Attorney ☐ Retained Attorney ☐ Pro-Se ☐ Legal Organization
ATTORNEY'S NAME (*First Name, M.I., Last Name, including any suffix*), AND MAILING ADDRESS _____

Telephone Number: _____

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (<i>See Instructions</i>) _____ Signature of Presiding Judge or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO	14. TYPE OF SERVICE PROVIDER (<i>See Instructions</i>) <table style="width: 100%;"> <tr> <td>01 <input type="checkbox"/> Investigator</td> <td>17 <input type="checkbox"/> Hair/Fiber Expert</td> </tr> <tr> <td>02 <input type="checkbox"/> Interpreter/Translator</td> <td>18 <input type="checkbox"/> Computer (Hardware/Software/Systems)</td> </tr> <tr> <td>03 <input type="checkbox"/> Psychologist</td> <td>19 <input type="checkbox"/> Paralegal Services</td> </tr> <tr> <td>04 <input type="checkbox"/> Psychiatrist</td> <td>20 <input type="checkbox"/> Legal Analyst/Consultant</td> </tr> <tr> <td>05 <input type="checkbox"/> Polygraph</td> <td>21 <input type="checkbox"/> Jury Consultant</td> </tr> <tr> <td>06 <input type="checkbox"/> Documents Examiner</td> <td>22 <input type="checkbox"/> Mitigation Specialist</td> </tr> <tr> <td>07 <input type="checkbox"/> Fingerprint Analyst</td> <td>23 <input type="checkbox"/> Duplication Services</td> </tr> <tr> <td>08 <input type="checkbox"/> Accountant</td> <td>24 <input type="checkbox"/> Other (<i>Specify</i>) _____</td> </tr> <tr> <td>09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)</td> <td>25 <input type="checkbox"/> Litigation Support Services</td> </tr> <tr> <td>10 <input type="checkbox"/> Chemist/Toxicologist</td> <td>26 <input type="checkbox"/> Computer Forensics Expert</td> </tr> <tr> <td>11 <input type="checkbox"/> Ballistics</td> <td></td> </tr> <tr> <td>13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert</td> <td></td> </tr> <tr> <td>14 <input type="checkbox"/> Pathologist/Medical Examiner</td> <td></td> </tr> <tr> <td>15 <input type="checkbox"/> Other Medical</td> <td></td> </tr> <tr> <td>16 <input type="checkbox"/> Voice/Audio Analyst</td> <td></td> </tr> </table>	01 <input type="checkbox"/> Investigator	17 <input type="checkbox"/> Hair/Fiber Expert	02 <input type="checkbox"/> Interpreter/Translator	18 <input type="checkbox"/> Computer (Hardware/Software/Systems)	03 <input type="checkbox"/> Psychologist	19 <input type="checkbox"/> Paralegal Services	04 <input type="checkbox"/> Psychiatrist	20 <input type="checkbox"/> Legal Analyst/Consultant	05 <input type="checkbox"/> Polygraph	21 <input type="checkbox"/> Jury Consultant	06 <input type="checkbox"/> Documents Examiner	22 <input type="checkbox"/> Mitigation Specialist	07 <input type="checkbox"/> Fingerprint Analyst	23 <input type="checkbox"/> Duplication Services	08 <input type="checkbox"/> Accountant	24 <input type="checkbox"/> Other (<i>Specify</i>) _____	09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)	25 <input type="checkbox"/> Litigation Support Services	10 <input type="checkbox"/> Chemist/Toxicologist	26 <input type="checkbox"/> Computer Forensics Expert	11 <input type="checkbox"/> Ballistics		13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert		14 <input type="checkbox"/> Pathologist/Medical Examiner		15 <input type="checkbox"/> Other Medical		16 <input type="checkbox"/> Voice/Audio Analyst	
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CLAIM FOR SERVICES AND EXPENSES		FOR COURT USE ONLY	
16. SERVICES AND EXPENSES (<i>Attach itemization of services with dates</i>)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):			

17. PAYEE'S NAME AND MAILING ADDRESS _____

TIN: _____

Telephone Number: _____

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____

CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number _____ ☐ Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (*compensation or anything of value*) from any other source for these services.

Signature of Claimant/Payee _____ Date _____

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.

Signature of Attorney _____ Date _____

APPROVED FOR PAYMENT — COURT USE ONLY

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED
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23. ☐ Either the total cost (*excluding expenses*) of all services combined does not exceed \$800, or prior authorization was obtained.
☐ Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (*excluding expenses*) exceeds \$800.

_____ Signature of Presiding Judge _____ Date _____ Judge Code

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
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28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)

_____ Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code